

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 5 2 6 7

(APPLICANT'S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
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14			1			
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TOTAL DCL.		↓	3	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL DCL.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						